Under the Paperwork Beduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/698,858 | | | ing Date 31/2003 | To be Mailed | | |
|---|--|---|------------------------------------|---|--------------|------------------|---|--|---|----|-----------------------|-------------------------------|--|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY [| | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | N | NUMBER FILED | | NUMBER EXTRA | | П | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | | |
| | BASIC FEE (37 CFR 1 16(a), (b), (c) | or (c)) | N/A | | N/A | | ı | N/A | | 1 | N/A | | | |
| | SEARCH FEE (37 CFR 1 16(k), (i), o | | N/A | | N/A | | ı | N/A | | 1 | N/A | | | |
| | EXAMINATION FE (37 CFR 1 16(o), (p), | | N/A | | N/A | | | N/A | | 1 | N/A | | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | П | x \$ = | | OR | x s = | | | |
| IND (37 | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = | | | • | | X \$ = | | 1 | X S = | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | ts of pap 50 (\$125 ional 50 | gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s). | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | 1 | | | | |
| * f | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | |] | TOTAL | | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT | 05/17/2012 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.16()) | * 22 | Minus | ** 20 | | = 2 | П | x s = | | OR | X \$60= | 120 | | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | | - 0 | П | X \$ = | | OR | X \$250= | 0 | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 120 | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1,16()) | | Minus | ** | | - | П | X \$ = | | OR | x s = | | | |
| | Independent (37 CFR 1 16(h)) | | Minus | *** | | - | ı | X \$ = | | OR | x s = | | | |
| 딟 | Application Size Fee (37 CFR 1.16(s)) | | | | | | П | | | 1 | | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | TOTAL | | OR | | | | |
| | | | | | | | | | | OR | TOTAL ADD'L FEE | | | |
| *** It | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 3, enter "3". * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comprise, including patient in preparing, and submitting the comprised application from the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to comprise this form and/or suggestions for reducing this founds. about 0 be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disc videy, Alexandria, V.M. 22313-1450, D.O. NOT SEND FEES OR LOWNELEET D-FIRM TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.